



# Verification of Indiana Accredited Private School Teaching Service

State Form 49047 (R2/3-04)  
Approved by the State Board of Accounts 2004

Indiana State Teachers' Retirement Fund  
150 West Market Street, STE 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.state.in.us/trf/>

## PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address, and signature. We will mail you the information.

## INSTRUCTIONS:

Teacher: Please complete Part 1, then forward to Employing Indiana Accredited Private School Unit.

Employer: Please complete Part 2, then forward the form to the Indiana State Teachers' Retirement Fund.

## PART 1: TO BE COMPLETED BY THE TEACHER

|  |                                       |
|--|---------------------------------------|
| Name of Teacher ( <i>First, Middle, Last</i> )   | TRF Number (required)                 |
| Full Address ( <i>Street, City, State, ZIP Code</i> )  | Maiden/Other name used while teaching |
|  | Area Code and Telephone Number        |
| I hereby certify that the service for which I am applying is service in an Indiana Accredited Private School. This service does not qualify for retirement credit in any public retirement system. |                                       |
| Signature  | Date                                  |

## PART 2: TO BE COMPLETED BY THE ACCREDITED PRIVATE SCHOOL EMPLOYING UNIT

|  |       |  |
|--|-------|--|
| The above teacher is seeking to verify teaching service from your Indiana accredited private school for the purpose of establishing retirement credit in this fund. Your cooperation will be appreciated.    |       |  |
| Name of Indiana Accredited Private School  |       | School Full Address ( <i>Street, City, State, ZIP Code</i> ) |
| SCHOOL YEAR TAUGHT<br>JULY 1 THROUGH JUNE 30   |       | NUMBER OF DAYS TAUGHT  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
| I hereby certify that this employing unit is an Indiana Accredited Private School. I certify that the above individual performed the indicated service as an educational administrator or classroom teacher. |       |  |
| Signature of Employing Official  |       | Date Signed ( <i>Month, Day, Year</i> )                      |
| Printed Name of Employing Official   | Title | Area Code and Telephone Number                               |